



CITY OF ARLINGTON DANGEROUS ANIMAL AFFIDAVIT

I. Complainant/Victim Information

Name: _____ Age: _____ Sex: ☐ Male ☐ Female

Address: _____
(Street) (City) (State) (Zip)

Phone Number: (W) () _____ (H) () _____ (C) () _____

Parent/Guardian Name (If victim under 18): _____

II. Description of Attacking Animal

Name, if Known: _____ Species: _____ Breed: _____

III. Incident Information

Date(s) of Incident: _____ Time(s) of Incident: _____

Physical location where incident occurred (Be specific: i.e. address and where on premises): _____

Was the animal confined or restrained at the time of the incident? ☐ Yes ☐ No

IV. Animal Versus Human

Did the animal make physical contact with you? ☐ Yes ☐ No If yes, please describe contact: _____

Please describe in detail any injuries received. In addition, please attach pictures and any supporting medical documentation which may be utilized to assist in the investigation of this incident: _____

If there was no contact between the animal and you, did the animal act in such a manner that you reasonably believed that the animal was going to attack you and cause you bodily injury? ☐ Yes ☐ No

If yes, please describe the incident in full detail: _____

Did you provoke the animal by teasing, tormenting, abusing or assaulting the animal ? ☐ Yes ☐ No

How did the incident end?: _____

(Continued On Back)

V. Animal Versus Animal

If the animal attacked your animal, did you or anyone else witness the attack?

☐ Yes ☐ No

Please provide witness information below.

Did your animal provoke the attacking animal in any way by entering it's primary place of habitation or territory?

☐ Yes ☐ No

Was your animal confined or restrained at the time of the incident?

☐ Yes ☐ No

After the attacking animal made contact with your animal, describe how the contact ended:_____

Please describe in detail any injuries your animal received. In addition, please attach pictures and any supporting medical documentation which may be utilized to assist in the investigation of this incident:_____

IV. Witness Information

Provide the following information for any witnesses who may testify about this incident:

Name:_____

Address:_____

(Street)

(City)

(State)

(Zip)

Phone: (W) () _____ Phone: (H) () _____ (C) () _____

Name:_____

Address:_____

(Street)

(City)

(State)

(Zip)

Phone: (W) () _____ Phone: (H) () _____ (C) () _____

V. Person/Persons In Control of Attacking Animal (Possible Owner)

Name:_____

Address:_____

(Street)

(City)

(State)

(Zip)

Phone: (W) () _____ Phone: (H) () _____

How did you identify the person/persons in control?:_____

VI. Signature

I swear that the above information is true and correct to the best of my belief and knowledge.

(Complainant / Victim)

(Date)

(Parent or Guardian, if victim under 18)

(Date)

SUBSCRIBED AND SWORN TO BEFORE ME by the said _____

On this the _____ day of _____, 20____

My Commission Expires: _____

Notary Public in and for the State of Texas

PLEASE RETURN TO:

**Arlington Animal Services
Attn: Ray Rentschler
1000 S.E. Green Oaks Blvd.
Arlington, Tx. 76018**